

**AUSTRALIAN CATHOLIC HISTORICAL SOCIETY INC. (ABN 28809 751783)
2017 MEMBERSHIP RENEWAL/APPLICATON FORM**

Membership renewal is due on 1 January each year. Please post this form with your cheque, postal order or complete the credit card payment form below and post to

**The Secretary ACHS, P O Box A621
SYDNEY SOUTH, NSW 1235.**

Surname or name of institution _____

Christian name(s) _____ Mr, Mrs, Ms, Fr, Sr, Br, Dr _____

Address _____

_____ State _____ Postcode _____

Phone (home) () _____ Phone (Work or mobile) _____

Email (Please print) _____

Do you wish to receive ACHS group emails: YES / NO ? (Please circle desired option)

Membership category and amount

Individual \$50	Full Time Student \$25	Student No:
	Institution:	
Family \$50. (This covers all family members at the one address in Australia).	Institutional \$60. (This covers one congregation, a school, a library, etc. at the one address in Australia).	

Membership Category _____ **amount \$** _____ **Donation: \$** _____ **Total: \$** _____

Mode of Payment (Please circle): cheque / money order / credit card.

1. Please do not scan and email this form.
2. It is important that we have up-to-date information for our membership records, postage, etc.
3. We post a receipt for payment only if you include a stamped addressed envelope.

Visa or Master Card payment. (Other cards are not accepted).

I authorise the Australian Catholic Historical Society to deduct \$ _____ from my credit card. Details are as follows.

Visa Card or Master Card. (Circle the appropriate card)

Name on Card				
Card Number				
Expiry Date				

Authorised signature: _____ Date signed: _____